

Bullying, Depression, and Suicidality in Adolescents

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ABSTRACT

Objective: To assess the association between bullying behavior and depression, suicidal ideation, and suicide attempts among adolescents. **Method:** A self-report survey was completed by 9th- through 12th-grade students ($n = 2342$) in six New York State high schools from 2002 through 2004. Regression analyses were conducted to examine the association between being victimized and bullying others with depression, ideation, and attempts. **Results:** Approximately 9% of the sample reported being victimized frequently, and 13% reported bullying others frequently. Frequent exposure to victimization or bullying others was related to high risks of depression, ideation, and suicide attempts compared with adolescents not involved in bullying behavior. Infrequent involvement in bullying behavior also was related to increased risk of depression and suicidality, particularly among girls. The findings indicate that both victims and bullies are at high risk and that the most troubled adolescents are those who are both victims and bullies. Psychopathology was associated with bullying behavior both in and away from school. **Conclusions:** Victimization and bullying are potential risk factors for adolescent depression and suicidality. In evaluations of students involved in bullying behavior, it is important to assess depression and suicidality. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(1):40–49. **Key Words:** bully, victimization, depression, suicide.

Nearly one third of 6th through 10th graders in the United States report moderate or frequent involvement in bullying, whether as a bully (13.0%), a victim (10.6%), or both (6.3%; Nansel et al., 2001). Although bullying behavior declines as children get older (Olweus, 1991), it is still a prevalent problem among high school students (e.g., Kaltiala-Heino et al., 1999; Nansel et al., 2001). Harris (2005) found that 20% to 30% of the students in grades 8 through 12 report

frequent involvement in bullying incidents as either a victim or a bully.

The differentiation between bullies, victims, and bully-victims has been emphasized in the examination of the association of bullying behavior and psychopathology (Forero et al., 1999; Kaltiala-Heino et al., 2000; Nansel et al., 2001). In studies examining the relationship between bullying and depression, victims were found to manifest more depressive symptoms and psychological distress than nonvictims (Hawker and Boulton, 2000; Kumpulainen and Rasanen, 2000; Kumpulainen et al., 1998; Mills et al., 2004; Neary and Joseph, 1994; Slee, 1995; van der Wal et al., 2003; Williams et al., 1996). Findings pertaining to bullies, however, are less consistent. Some studies did not find an association between being a bully and depression (Camodeca and Goossens, 2005; Fekkes et al., 2004; Juvonen et al., 2003), whereas other studies have found that bullies, not just victims, report high levels of depression (Forero et al., 1999; Kaltiala-Heino et al., 1999; Kaltiala-Heino et al., 2000; Kumpulainen et al., 2000; Roland, 2002; Salmon et al., 1998). Those who are both victims and bullies are usually found to be at

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the highest risk for depression (Fekkes et al., 2004; Kaltiala-Heino et al., 1999; Kaltiala-Heino et al., 2000).

Studies reporting on the relationship between bullying and suicidal ideation usually find that victims manifest higher levels of suicidal ideation than non-victims (Rigby and Slee, 1999; van der Wal et al., 2003). Other studies have found an increased prevalence of suicidal ideation among both victims and bullies (Kaltiala-Heino et al., 1999; Roland, 2002). Most studies assessing the relationship of bullying and suicide attempts have found that victims were more likely to attempt suicide than those not involved (Cleary, 2000; Eisenberg et al., 2003; Mills et al., 2004). Kim and colleagues (2005) were the first to demonstrate an increased risk of suicide attempts among both victims and bullies.

These studies indicate a clear association between bullying and suicidality, but important questions remain unanswered. Most of the studies did not examine suicide attempts and focused on suicidal ideation (Kaltiala-Heino et al., 1999; Rigby et al., 1999; Roland, 2002; van der Wal et al., 2003). Examination of attempts focused on victims and less on bullies or bully-victims (Cleary, 2000; Davies and Cunningham, 1999; Eisenberg et al., 2003; Mills et al., 2004). Moreover, most studies were not conducted in high schools (Ivarsson et al., 2005; Kim et al., 2005; Mills et al., 2004; Roland, 2002; van der Wal et al., 2003) and have not differentiated in-school from out-of-school bullying behaviors in their analysis (Kaltiala-Heino et al., 1999; Nansel et al., 2001; Rigby et al., 1999). There is no study of U.S. adolescents focusing on bullying behavior and suicide attempts among victims, bullies, and bully-victims, nor is there any study differentiating in-school and out-of-school bullying behaviors.

The purpose of this study was to examine the association between bullying behavior and depression, suicidal ideation, and suicide attempts among a large American sample of high school students. Specifically, we examined the prevalence of bullying behavior in and out of school; the association of bullying behavior with depression, suicidal ideation, and suicide attempts by gender; and the impact of the co-occurrence of being bully-victims. We hypothesized that greater exposure to bullying behavior would increase the risk of depression, suicidal ideation, and suicide attempts. We also hypothesized that bullying behavior away

from school would be less prevalent but that it would be associated to the same extent with depression and suicidality.

METHOD

Subjects

This study targeted adolescents 13 through 19 years of age who were enrolled in 9th through 12th grades in six high schools in Nassau, Suffolk, and Westchester counties in New York. Five schools were public coeducational schools; one was a parochial all-boys school. These schools were part of a study examining whether asking about suicidality during a screening program creates distress or increases suicidal ideation (Gould et al., 2005). This study included 2,341 of 3,635 students (64.4% participation rate) from fall 2002 through spring 2004. Reasons for nonparticipation included parental refusal (61.9%), student refusal (14.3%), and absences (23.7%). The ethnic distribution of the participating sample was 80.3% white, 5.1% black, 7.3% Hispanic, 3.8% Asian, and 3.5% other. A total of 58.1% of the students were boys (the inclusion of an all-male parochial school explains the high percentage of boys). The mean age of participating students was 14.8 years (SD 1.2 years). There were no significant differences between participants and nonparticipants in sex, age, and race/ethnicity.

Students were recruited with a waiver of parental consent for parents and active written assent for youth. The recruitment procedures were based on those used in our earlier study (Gould et al., 2004) and were developed in response to what the schools considered would best meet the needs of their community. The present study received Institutional Review Board approval of a waiver of consent based on Federal Regulations [Title 45; Part 46, Article 46.116(d)]. Two mailings with an information sheet describing survey content and procedures, a response form, and a stamped response envelope were sent to parents 6 and 4 weeks before survey administration, providing parents with opportunities to refuse their children's participation and giving them ample pertinent information about the project. Students' written assent was obtained immediately before the survey.

The study procedures, consistent with the Family Educational Rights and Privacy Act and the Protection of Pupil Rights Amendment, were approved by the Institutional Review Board of the New York State Psychiatric Institute/Columbia University Department of Psychiatry.

Measures

A self-report questionnaire assessed depression, suicidal ideation, suicide attempts, and involvement in bullying behavior both as a bully and as a victim. The assessment time frame was the past 4 weeks, with the exception of measuring lifetime suicide attempts.

Demographic Questionnaire. The demographic questionnaire elicited information on age, grade, gender, racial/ethnic background, and household composition.

Depression. The Beck Inventory (BDI-IA; Beck and Steer, 1993) assessed cognitive, behavioral, affective, and somatic components of depression. Loss of libido was not assessed. The BDI has been used in >200 studies, including those with adolescent samples (Roberts et al., 1991; Strober et al., 1981; Teri, 1982). Each

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